

Please fill in a session box for each person attending and please tick two group sessions for each person that would like to attend and indicate 1st and 2nd choices		Type 1 Diabetes <input type="checkbox"/>	
		Type 2 Diabetes <input type="checkbox"/>	
		Does not have diabetes <input type="checkbox"/>	
		Healthcare Professional <input type="checkbox"/>	
Person 2 – Name	1st choice	2nd choice	
Insulin Options	<input type="checkbox"/>	<input type="checkbox"/>	
Pumps	<input type="checkbox"/>	<input type="checkbox"/>	
Carbohydrate Counting	<input type="checkbox"/>	<input type="checkbox"/>	
Carers' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Parents' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Your Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	
Become Aware of Your Care	<input type="checkbox"/>	<input type="checkbox"/>	
My Hypos	<input type="checkbox"/>	<input type="checkbox"/>	

Please fill in a session box for each person attending and please tick two group sessions for each person that would like to attend and indicate 1st and 2nd choices		Type 1 Diabetes <input type="checkbox"/>	
		Type 2 Diabetes <input type="checkbox"/>	
		Does not have diabetes <input type="checkbox"/>	
		Healthcare Professional <input type="checkbox"/>	
Person 3 – Name	1st choice	2nd choice	
Insulin Options	<input type="checkbox"/>	<input type="checkbox"/>	
Pumps	<input type="checkbox"/>	<input type="checkbox"/>	
Carbohydrate Counting	<input type="checkbox"/>	<input type="checkbox"/>	
Carers' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Parents' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Your Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	
Become Aware of Your Care	<input type="checkbox"/>	<input type="checkbox"/>	
My Hypos	<input type="checkbox"/>	<input type="checkbox"/>	

Please fill in a session box for each person attending and please tick two group sessions for each person that would like to attend and indicate 1st and 2nd choices		Type 1 Diabetes <input type="checkbox"/>	
		Type 2 Diabetes <input type="checkbox"/>	
		Does not have diabetes <input type="checkbox"/>	
		Healthcare Professional <input type="checkbox"/>	
Person 4 – Name	1st choice	2nd choice	
Insulin Options	<input type="checkbox"/>	<input type="checkbox"/>	
Pumps	<input type="checkbox"/>	<input type="checkbox"/>	
Carbohydrate Counting	<input type="checkbox"/>	<input type="checkbox"/>	
Carers' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Parents' Platform	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Your Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	
Become Aware of Your Care	<input type="checkbox"/>	<input type="checkbox"/>	
My Hypos	<input type="checkbox"/>	<input type="checkbox"/>	

IDDT, PO Box 294, Northampton NN1 4XS.

Phone: 01604 622837
 Fax: 01604 622838
 Email: bev@iddtinternational.org



The Insulin Dependent Diabetes Trust

IDDT

**Annual Conference
 'It's My Diabetes'**

Saturday, October 15th
 2011

Location
 Kettering Park Hotel and Spa
 Kettering Park
 Kettering
 Northamptonshire
 NN15 6XT

Insulin Dependent Diabetes Trust
 PO Box 294
 Northampton
 NN1 4XS

Tel: 01604 622837

Email: bev@iddtinternational.org
 www.iddtinternational.org

Sessions

Insulin Options

Pumps

Carbohydrate
 Counting

Carers'
 Platform

Parents'
 Platform

Understanding
 Your Diabetes

Neuropathy

Becoming
 Aware of Your
 Care

My Hypos

'It's My Diabetes'
15th October 2011
Conference Co-ordinator: Beverley Freeman

9.30 Registration and Coffee

10.15 Introduction to 'It's My Diabetes' – Jenny Hirst

10.30 What Are My Insulin Choices? – Dr Laurence Gerlis

11.10 Meal Plan Launch – Dr Mabel Blades

11.30 Discussion Groups

Insulin Options Bev Freeman	Pumps John Hughes	Carbohydrate Counting Jane Essex & Dr Mabel Blades
Carers' Platform John Birbeck	Parents' Platform Veronica Readman	Understanding Your Diabetes Dr Laurence Gerlis & Martin Hirst
Neuropathy Carol Baker	Becoming Aware of Your Care Albert Austin	My Hypos Dr Gary Adams

12.30 Lunch

1.30 Quiz

2.00 Discussion Groups

3.00 Tea

3.15 Ask Your Pharmacist – Michael Holden

3.45 It's Your Diabetes – Dr Gary Adams

4.25 Closing Remarks – Jenny Hirst

'It's My Diabetes'
Conference Registration & How to Book

Mr, Mrs, Ms, Miss, Dr, Prof

First Name

Surname

Address

Telephone

E-mail

Special dietary requirement

Please make cheques payable to: IDDT and send them with completed booking form to:

IDDT (B), PO Box 294, Northampton NN1 4XS.

All enquiries please telephone: 01604 622837 Fax: 01604 622838

Cardholder's Name

Credit card Number

Valid from

Expiry Date

Security Code*

* Last 3 digits on signature strip on back, (Amex) 4 digits on front

Signature

Amount to be paid £

Please indicate number of people attending

Number of people at £20.00 Groups of 4 or above £15 each

Number of OAPs / on benefits at £7.50 Children free

Please fill in a session box for each person attending and please tick two group sessions for each person that would like to attend and indicate 1st and 2nd choices

Type 1 Diabetes
Type 2 Diabetes
Does not have diabetes
Healthcare Professional

Person 1 – Name	1st choice	2nd choice
Insulin Options	<input type="checkbox"/>	<input type="checkbox"/>
Pumps	<input type="checkbox"/>	<input type="checkbox"/>
Carbohydrate Counting	<input type="checkbox"/>	<input type="checkbox"/>
Carers' Platform	<input type="checkbox"/>	<input type="checkbox"/>
Parents' Platform	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Your Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
Become Aware of Your Care	<input type="checkbox"/>	<input type="checkbox"/>
My Hypos	<input type="checkbox"/>	<input type="checkbox"/>